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## \*\* CONTINUING DATA \*\*\*\*\*

*none MB*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none MB*

## IF REQUIRED, FOREIGN FILING LICENSE

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	<i>Michael P. Sharpe MB</i> Examiner's Signature Initials		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
NY	12	20	3

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## TITLE

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